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**CONFIRMATION NO. 1924**

<b>SERIAL NUMBER</b> 10/805,889	<b>FILING OR 371(c) DATE</b> 03/22/2004  <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2135	<b>ATTORNEY DOCKET NO.</b> 8
<b>APPLICANTS</b> Eric Henry Grosse, Berkeley Heights, NJ;				
<b>** CONTINUING DATA *****</b> <div style="display: flex; justify-content: space-between;"> <span>NONE</span> <span><i>MDZ</i></span> </div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="display: flex; justify-content: space-between;"> <span>NONE</span> <span><i>MDZ</i></span> </div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/31/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>MDZ</i> Acknowledged <i>MDZ</i> <i>MDZ</i> <div style="display: flex; justify-content: space-between;"> <span>Examiner's Signature</span> <span>Initials</span> </div>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 24
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> Lucent Technologies Inc. Docket Administrator (Room 3J-219) 101 Crawfords Corner Road Holmdel, NJ07733-3030				
<b>TITLE</b> Method and apparatus for eliminating dual authentication for enterprise access via wireless LAN services				
<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Credit         </div>		